

798 South Marshall, Marshfield, MO 65706

## 2023 **PEDDLER'S BUSINESS LICENSE APPLICATION**

Date	AMOUNT DUE \$25.00
Name of Business	
DBA	Number of Employee's
Physical Address	Email
Federal ID# Mi	issouri Sales Tax #
Business Owner Address	Phone
Contact Person Contact Person Email	Phone
Business Type:	
Goods and Services to be sold: _	
Where the goods or services are	located:
Proposed method of delivery:	
Length of time peddling (not to excee	ed December 31 of the current year)
	uirement: ALL BUSINESSES THAT CHARGE OF REVENUE NO TAX DUE VERIFICATION. The Cax Due Verification letter is provided.
	said business does not currently, nor will it in the future understanding that doing so would be in violation of te of Missouri.
Signature:	



798 South Marshall, Marshfield, MO 65706 p: (417) 859-2352 • f: (417) 468-5267

## 2023 PEDDLER'S LICENSE EMPLOYEE APPLICATION

Supervisors Fee \$25.00 (one supervisor fee is included in the Business License Application fee) Employee Fee \$10.00 each Date \_\_\_\_\_ Business Name \_\_\_\_\_ An employee application and a copy of their valid state issued ID must be submitted for each person that will be going door-to-door. **EMPLOYEE INFORMATION** Name \_\_\_\_\_ Any Alias Names or Previous Names Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Identification Number \_\_\_\_\_ State Issuing Identification \_\_\_\_\_ ID issue date\_\_\_\_\_\_ ID expiration date\_\_\_\_\_ Supervisor Name \_\_\_\_\_\_ Address \_\_\_\_\_\_ I \_\_\_\_\_\_ (employee) agrees to honor all no-peddler and no-soliciting signs; agrees to promptly leave any private premises upon the request of any occupant thereof; agrees that peddling, soliciting, canvassing or order taking will be conducted only during the hours of 10:00 a.m. to 6:00 p.m., Monday through Friday and between the hours of 12:00 noon through 6:00 p.m. Saturday; No solicitation is allowed on Sundays. Applicant further agrees that any violation of this Subsection will be grounds for immediate revocation of the license. Employee also agrees to wear and display a current State issued ID with photo at all times while on the job. Name: Signature: \_\_\_\_ A statement from the Marshfield Police Department as to whether the applicant has any wants or warrants; (There may be a two-week waiting period from the submission date of the application to the Police Department to allow for a criminal record check to be completed by the Marshfield Police Department); For Office Use Only (please circle one) I have investigated the above named applicant(s) and recommend for / against approval of this license. Signature – Chief of Police – City of Marshfield Date